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CONFIRMATION NO. 1610

<b>SERIAL NUMBER</b> 10/663,383	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 4982/27
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
*Yes EPLH*  
 This appln claims benefit of 60/411,267 09/16/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None EPLH*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>EPLH</i> Initials	<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
29858

**TITLE**  
System and method for blind media support

<b>FILING FEE RECEIVED</b> 631	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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